



HAHN'S GYMNASTICS, LLC

Information & Waiver Form



STUDENT INFORMATION:

Student's Name: _____ Gender: _____ Age: _____ DOB ____ / ____ / ____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone #: _____ E-Mail: _____
 School: _____ Grade: _____

PARENT INFORMATION:

Mother's Name: _____ Employer: _____
 Work Phone #: _____ Cell Phone #: _____
 Father's Name: _____ Employer: _____
 Work Phone #: _____ Cell Phone #: _____

MEDICAL & EMERGENCY INFORMATION:

Are there any medical conditions, mental or physical disabilities? _____ Please explain: _____

 Allergies: _____ Medications: _____
 Insurance Company: _____ Doctor: _____ Phone #: _____
 Emergency Contact(relationship to student): _____ Phone #: _____
 How did you hear about us? _____

PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY:

* I am fully aware of and appreciate the risks and possibility of injuries, damages, and other losses that may result from participation in gymnastics, tumbling, dance, or cheerleading instruction, activities and events.

* On my own behalf, and on behalf of my representatives and heirs, I hereby voluntarily agree to release, hold harmless and indemnify Hahn's Gymnastics, LLC, its officers, directors, agents, and employees (hereinafter collectively "Hahn's"), from any and all claims for personal injury, property damage or wrongful death and any damages resulting therefrom, that may arise out of, or in any way related to, my participation in gymnastics, tumbling, dance, or cheerleading instruction, activities and events or other activities involving Hahn's and travel related to such participation.

*I hereby give my consent to Hahn's to provide, through the medical staff of its choice, customary medical/ athletic training attention, transportation, and emergency medical services are warranted in the course of my participation in the instruction, training and other activities of Hahn's Gymnastics, LLC.

* I hereby give consent to Hahn's to take photographs and videos of my child(ren) to use in future advertisements, brochures, internet, and website.

*I also affirm that I now have and will continue to provide proper hospitalization, health, accident insurance coverage which I consider adequate for both my child's protection and my own protection.

I have read and understand the terms of this agreement, and I agree to be bound by its terms.

Participant's Name(Please Print): _____
 Participant's Signature: _____
 Parents/Guardian Name (Please Print): _____
 Parents/Guardian Signature: _____ Date: _____